## 112000116077

(Re	equestor's Name)	
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## **COVER LETTER**

TO:		ation Sec n of Corp			
CLID IE	- TITE		gement Partners LLC.		
SUBJE	.C1:		Name of Limit	ted Liability Company	
The end	closed Ar	ticles of A	mendment and fee(s) are subm	nitted for filing.	
Please	return all	correspon	dence concerning this matter t	o the following:	
			Todd Victor		
				Name of Person	<del></del>
			Acute Management Partner	s LLC.	
				Firm/Company	
			6560 W Rogers Circle		
				Address	···
			Suite 19		
				City/State and Zip Code	
			Boca Raton, FL 33487		
				o be used for future annual report notificat	ion)
For fur	ther infor	mation co	ncerning this matter, please ca	11:	
Todd V	Victor			561 600-5072	
	<u> </u>	Name of	Person	Area Code Daytime Te	lephone Number
Enclose	ed is a ch	eck for the	e following amount:		
<b>■</b> \$2:	5.00 Filin	g Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registra Division P.O. Box	NG ADDRESS: tion Section a of Corporations x 6327 ssee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Acute Management Partners LLC.		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000116077</u>	were filed on June 9, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6560 W Rogers Circle	
(Principal office address MUST BE A STREET ADDRESS)	Suite 19	
	Boca Raton, FL 33487	
Enter new mailing address, if applicable:	6560 W Rogers Circle	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 19	
	Boca Raton, FL 33487	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		the name of the new AHASSEE. FLORIDS.
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ms $AMBR = Au$	anager Ithorized Member		
<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00